

Field Experience Office  
School Of Education  
Roger Williams University

Student Request for Field Placement

Name \_\_\_\_\_ Date \_\_\_\_\_

Program (circle one):    **Elementary**                      **Secondary**                      **Middle School Endorsement**

Level:                      **Undergraduate**                      **Graduate**

Phone # \_\_\_\_\_ E-mail address \_\_\_\_\_

(Please circle the best way to contact you)

Semester \_\_\_\_\_

Course # and Name \_\_\_\_\_

Professor \_\_\_\_\_

Assignment:

# of hours needed at field site \_\_\_\_\_

Performance expectations for teacher candidates at the site (e.g. observation only; observation and teaching one lesson; tutoring; etc.)

\_\_\_\_\_

Videotaping? (Circle one)                      **Yes**                      **No**

Shadowing a student? (Circle one)                      **Yes**                      **No**

Concurrent courses that require a field experience: \_\_\_\_\_

\_\_\_\_\_

Contact the Field Experience Office at 254-5625 or 254-3002 with any questions, comments, or concerns.